



Fee Paid #10,00

Date 7-24-00

Please follow the attached instructions to avoid united ssary delays.

Section	1. APPLI	CANT -	PERSO	n, ORGA	NIZATION, OR	WATERSY	STEM
Name (1/2	1///dm	19. F	Aldrid	r74)	Home Tel: (	509)747	0495
Mailing Ad	dress 32 /	9.50 V	effergi	in 57.	Work Tel: (	)	-
City Spor	Kane	St	tate <u>VVA</u> Z	ip+4 <u>992</u>	Home Tel: ( Work Tel: ( 03+1343 FAX:	()	-
	2. CONT le as above		idreson'		ABOUTTHE A		ON
					Home Tel: (		
					Work Tel: (		
City		St	tate Z	ip+4	+ FAX:	()	
Relationshi	p to applicant						
	3. STATE			-			
The applica	nt requests a p	permit to us	se not more	than	2 cfs)	( gallons	per minute or
of Do m	et per second)	from a 🔀 s	surface water	r source or	ground water source	(check only one)	for the purpose(s)  TACH A "LEGAL"
DESCRIP	TION OF TH	E PLACE	OF USE.	See instructi	ons.) NOTE: A tax par		
sufficient.	Porting AMS	sinolod	Amostic o	su only	per year:		
L Chec					ject. Indicate the period	of time that the	water will be needed:
	From	'/	_ to/_	/			
Section	4. XXXIID	RSOUR	(OE				
If SURFA	(OE WATER				If GROUNDWATE	<b>X</b>	
Name the	water source	and indic	cate if strea	m, spring,	A permit is desired	for	well(s).
"unnamed	If unnamed, d stream," etc	write funi	named sprii	ng,			
Spoka	d stream," etc ane Count of diversions:	Jane,	vevima.	7)			
	ows into (nan				Sign & donth of wal	1/a).	
Source no	ows into (nam	ic of body	or water).		Size & depth of wel	I(S);	
LOGATIC	187						
		ınd east-w	est distance	es in feet fro	om the point of divers	ion or withdray	val to the nearest
section co	orner: ////	coviner	of Lot	G-	in the point of divers	ion of withdray	var to the hearest
144.6	124 6						urce is platted, complete
1/4 of	1/4 of	Section	Township	Range (E/W)	County	Lot Block	Subdivision
NEIN	5w14	3	2 ( 61	45 Eas	TE L	3 10T/10	$\sim$
MAC 14	200 19		~ / V	10 645	Spondne	50 hn710	chen hol 6
For Ecology L	Ise Date Rec	eived:	5.41.57	10 Priori	y Date:	2000	
SEPA: Exemp	Υ	FERC Lice			Dept. Of Heal	h.#	
نست ا	As Complete		2000 By	KB, D	ite Returned		WRIA: 57
•							111111111111111111111111111111111111111

ECY 040-1-14 Rev. 7/97 \* \* f

**APPLICATION** 

Appl. No.: 5 330292

A.	Name of system, if named:		***
В.	Briefly describe your proposed water system. (See instructions.)		
	A small pamp to supply domestic water for s	summe-	and the second
	A small pamp to supply domestic water for s cabin water supply for bathing, washing and Toilet		
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.	☐ YES	⊠NO
	ection 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORM completed for all domestic/public supply uses.)	ATION	
À.	Number of "connections" requested: Type of connection Summer Cab	in	
D	(Homes, Apartmen	it, Recreationa  YES	
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. <i>Note: Regional water systems County Health Department.</i>		0.
Cor	mplete C. and D. only if the proposed water system will have fifteen or mo	ore connect	tions.
C.	Do you have a current water system plan approved by the		
	Washington State Department of Health?  If yes, when was it approved? Please attach the current approved yes.	☐ YES version of your	□ NO plan.
D.	Do you have an approved conservation plan?	☐ YES	□NO
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Se			
Se (C	If yes, when was it approved? Please attach the current approved vection 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION Completed for all irrigation and agriculture uses.)		
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## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. Take STate Hiway 290 NE from Spokaine
To STarr Rd (Newman Lake community) North on STarr Rd To East Howman Lake Rd. at W Newman Lake Rd Turn down Peninsula Rd To The end. Lot G is the West.

## Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

Does the applicant own the land on which the water will be used? ☐ YES X NO A. If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

policant has contract to purchase

Does the applicant own the land on which the water source is located? B. If no, submit a copy of agreement:

☐ YES ☒ NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

mab

Applicant (or authorized representative)

Man Lone Bassox, Owner SELLER

DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

Use this page to continue your ans	wers to any questions	on the application. Please indicate section number
before answer.		
	*	The Property of the Property o

We are returning your application for the following re-	eason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested a	above and return you	r application by
Ecology staff	Date	

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).